

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

APPLICANT(S)

FILING DATE

10/693252

4-5-04 5-6-04

CLAIMS

	AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP
1				
2				
3				
4				
5				
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49				
50				
TOTAL IND.	2		2	
TOTAL DEP.	10		10	
TOTAL CLAIMS	12		12	

	IND	DEP	IND	DEP	IND	DEP
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52						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						